

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DR</i>	<i>32</i>	<i>11/15</i>
FORMALITY REVIEW	<i>FR</i>	<i>108</i>	<i>11/24/01</i>
RESPONSE FORMALITY REVIEW	<i>RS</i>	<i>1127</i>	<i>06/21/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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530  
11-21-01